UW-Superior Outdoor Adventure Program (SOAP) Rental Contract

Name	Student ID		SOAP #
Phone #	E-mail		
Address			
Credit Card #	Exp Date	VMS	Billing Zip
Drivers Lic. #			

UNIVERSITY of WISCONSIN Superior
Wisconsin's Leading Public Liberal Arts College

Employee: Date:

ID #	Description of gear	Date Out	Date Due	# of Days	Price	Date Returned	Initials on return
				Total			

Release Agreement

1. I accept for use the equipment listed on this form in 'as is' condition, and accept full responsibility for the care of equipment while it is in my possession.
2. I will be responsible for the replacement at full retail value of any equipment under this form if it is not returned to HWC room 1440.
3. I agree to hold harmless and indemnify the UW-Superior Outdoor Adventure Program Coordinator, Staff, or the University for any loss or damage, including any that result from claims for personal injury or property damage related to the use of this equipment except reasonable wear and tear.
4. I agree to return all equipment by the agreed date and in clean condition to avoid any additional charges. The late fee assessed will be the daily rental rate per day late for each late item.
5. Delinquent agreements will have an administrative hold placed on you records until the agreement is paid, plus loss of rental privileges.
6. I understand that there are some inherent and other risks involved in the activities for which the equipment is being used.
7. I hereby release the UW-Superior Outdoor Adventure Program Coordinator, Staff, or University from any and all liability, for damage and injury to myself or to any person, property resulting from negligence, installation, maintenance, the selection, adjustment, and use of this equipment, accepting myself the full responsibility for any and all such damage or injury which may result.
8. I verify that the equipment number noted on the front of this form is true and accurate, and is the same equipment to be returned.
9. All instructions on the use of my equipment have been made clear to me and I understand the function of my equipment.

Renter's Signature_____ Date_____

AMOUNT_____
CHECK #_____
CASH_____
CREDIT_____
INITIALS_____
DATE_____